



State of New Hampshire

2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/09/2011

Business ID: 378975

William M. Gardner

Secretary of State

HOMES BY DESIGN HUDSON, LLC

6 PRINCE DR
HUDSON, NH 03051

ADDRESS OF PRINCIPAL OFFICE:

6 PRINCE DR
HUDSON, NH 03051

REGISTERED AGENT AND OFFICE:

MANSUR, JOHN
6 PRINCE DR
HUDSON, NH 03051

ENTITY TYPE: LLC

BUSINESS ID: 378975

STATE OF DOMICILE: NEW HAMPSHIRE

REMODEL, REPAIR AND IMPROVE RESIDENTIAL HOMES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. John F Mansur

STREET 6 Prince Dr

CITY/STATE/ZIP Hudson Nh 03051

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Jared A Mansur

STREET 4 Gregory St.

CITY/STATE/ZIP Hudson Nh 03051

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: john f mansur

Please print name and title of signer: john f mansur

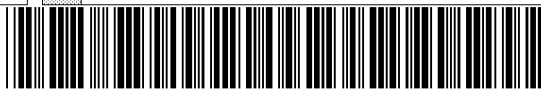
NAME

/ MANAGER

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



037897520101508

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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